

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800001		CITY OR TOWN	CHATHAM
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: SIGN OF TH	IE SURF INC.		
DOING BUSINESS A IMPUDEN	T OYSTER		
ADDRESS 15 CHATHAM BARS	AV.		
CITY/TOWN: CHATHAM	STATE: MA	ZIP CODE:	02633
MANAGER: BARNARD, PETEI	R TYPE OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PRENTRANCE AND EXITS ON THE I hereby certify and swear under per 1. the renewed license will 2. the licensee has complied 3. the premises are now open SIGNED BY	E FRONT AND SIDE. TV nalties of perjury that: be of the same type for the d with all laws of the Com	e same premises now monwealth relating to lain below)	licensed;
DATE: TELEF We the undersigned, attest that w	PHONE NUMBER: ve are in possession (1) tl	(Note: NOT Ind	IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed by the buildinamed license and (2) the certific of 2010.	ing inspector and the hea	d of the fire departn	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 019800002		CITY OR TOWN	CHATHAN	1
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 26 CRO	SS STREET				
CITY/TOWN: CH	ATHAM	STATE: MA	ZIP CODE:	02633	
MANAGER: CAL	DDEN, SHEILA TY	PE OF LICENSE: In	nholder C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	ISES:			
REAR OFFICE AND ENTRANCES AND				OOM. ALL	
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renew	ved license will be of	f the same type for th	e same premises now	licensed;	
2. the licens	ee has complied wit	h all laws of the Con	monwealth relating t	to taxes; and	
3. the premi	ses are now open fo	r business (If not exp	lain below)		
SIGNED BY	Individual, Partne	r or Authorized Corp	oorate Officer		
DATE:	TELEPHOI	NE NUMBER:		R IDENTIFICAT	
Acts of 2004, signe	d by the building in	e in possession (1) t nspector and the hea of liquor liability ins	nd of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					
DAIL.					



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LICENSE NUMBER: 019800003	C	CITY OR TOWN CHATHAM
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: CHATHAM D DOING BUSINESS A ADDRESS 134 CROWELL RD.	PRAMATIC GUILD INC.	
CITY/TOWN: CHATHAM	STATE: MA	ZIP CODE: 02633
MANAGER: FINNEGAN, GEORGE	TYPE OF LICENSE: Club	CATEGORY: All Alcohol
EMAIL ADDRESS:		
DESCRIPTION OF LICENSED PRE WOODEN FRAME BLDG WITH O I hereby certify and swear under pena 1. the renewed license will b 2. the licensee has complied 3. the premises are now open	NE FLOOR-2 ROOMS AN alties of perjury that: e of the same type for the sa with all laws of the Commo	me premises now licensed; nwealth relating to taxes; and
SIGNED BY Individual, Pa	rtner or Authorized Corpora	te Officer
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the buildin	g inspector and the head o	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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LICENSE NUM	MBER: 019800005		CIT	Y OR TOWN	CHATHAM	1
APPLICATION	FOR RENEWAL:	Annua	ıl	LICENSED FOR 2013		
		CLAS	S		,	YEAR
LICENSEE NA	ME: BROWN-JAMES BU	ICK MEMO	RIAL ASSO	OC. INC		
DOING BUSIN	ESS A					
ADDRESS 150	E/S GEORGE RYDER RD.					
CITY/TOWN:	CHATHAM	STATE:	MA 2	ZIP CODE:	02633	
MANAGER:	HIGGINS, JOHN T. TYPE	OF LICENS	E: Veterans	club CA	ATEGORY:	All Alcohol
EMAIL ADDRI	ESS:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER	YOUR EMAIL AI	DDRESS		
DESCRIPTION	OF LICENSED PREMISES	S:				
CELLAR, BAR	GE RYDER ROAD. 1ST. FL AND GRILL AND COCKT DOM AND STREET LEVEI	ΓAIL LOUN	GE. DECK	AND BALL F	TELD. NEW	RAGE,
I hereby certify	and swear under penalties of	f perjury that	:			
1. the re	enewed license will be of the	e same type f	or the same	premises now	licensed;	
	icensee has complied with al			_	taxes; and	
3. the p	premises are now open for bu	isiness (If no	t explain be	elow)		
SIGNED BY	Individual, Partner or	· Authorized	Corporate (Officer		
DATE:	TELEPHONE 1	NUMBER:		EMPLOYER IDENTIFICATION NUMBER:		
				(Note: NOT Ind	ividual Social Se	ecurity Number)
Acts of 2004, s	signed, attest that we are in igned by the building inspe and (2) the certificate of lic	ector and th	e head of th	ne fire departr	nent for the	above
Please Check Belov	W:		LC	CAL LICENS	ING AUTHO	RITY
APPROVED:			Ву	:		
DISAPPROVE						
(If disapproved	expiain)					
DATE:			_			



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LICENSE NUMBI	ER: 019800006		CITY OR TOWN	CHATHAN	M
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAMI	E: EASTWARD HO	COUNTRY CLUB I	NC.		
DOING BUSINES	SS A				
ADDRESS 325 FC	OX HILL RD.				
CITY/TOWN: CI	HATHAM	STATE: MA	ZIP CODE:	02633	
MANAGER: DU B.	J FAULT, JOHN TY	YPE OF LICENSE: Clu	ıb Cz	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
	F LICENSED PREM				
CELLAR,KITCHE SECOND FLOOR		LOUNGE,MAIN FLO	OR AND TWO LIV	ING ROOM	S ON
I hereby certify and	d swear under penaltie	es of perjury that:			
1. the rene	ewed license will be o	of the same type for the	same premises now	licensed;	
2. the licer	nsee has complied wi	th all laws of the Com	monwealth relating to	o taxes; and	
3. the prer	mises are now open fo	or business (If not expl	ain below)		
SIGNED BY					
	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	NE NUMBER:			TION NUMBER:
			(Note: NOT Ind	iividual Social S	Security Number)
Acts of 2004, sign	ned by the building in	re in possession (1) th nspector and the head of liquor liability insu	d of the fire departi	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	-1-i)				
(If disapproved exp	piaili)				
DATE:					



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LICENSE NUI	MBER: 019800009	C	TITY OR TOWN CHAT	HAM
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE NA	AME: BENRICK CORE	2.		
DOING BUSI	NESS A CHATHAM SQ	UIRE		
ADDRESS 489	9 MAIN ST.			
CITY/TOWN:	CHATHAM	STATE: MA	ZIP CODE: 02633	
MANAGER:	COSTELLO, TY	YPE OF LICENSE: Resta	urant CATEGOF	RY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMAI	L ADDRESS	
	N OF LICENSED PREM			
CELLAR FOR			REAR LOBBY KITCHEN REAR ENTRANCES ANI	
I hereby certify	and swear under penaltic	es of perjury that:		
		· -	me premises now licensed	
	•		nwealth relating to taxes; a	and
3. the	premises are now open for	or business (If not explain	below)	
SIGNED BY				
	Individual, Partne	er or Authorized Corpora	te Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIF	
			(Note: <u>NOT</u> Individual Soc	cial Security Number)
Acts of 2004,	signed by the building i	nspector and the head o	ertificate required by Ch f the fire department for nce required by Chapter	the above
Please Check Belo			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	CAPIAIII)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 019800015		CITY OR TOWN	CHATHAN	A
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20)13
		CLASS			YEAR
	E: 512 MAIN STREE S A WAYSIDE INN	ET, INC.			
		STATE: MA	ZID CODE.	02622	
CITY/TOWN: CF		~		02633	
	UGHLIN, TY ANE	PE OF LICENSE: <mark>I</mark> n	nholder (CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
DESCRIPTION O	PLEASE ALSO VISIT OUR W F LICENSED PREMI		EMAIL ADDRESS		
2. the licer	wed license will be of asee has complied with nises are now open for Individual, Partner	all laws of the Com	nmonwealth relating		
Acts of 2004, sign	ed, attest that we are	spector and the hea	(Note: <u>NOT</u> In the certificate requined of the fire depar	tment for the	er 304 of the above
of 2010.	d (2) the certificate of	iliquor liability ins	urance required by	Chapter 116	of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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LICENSE NU	MBER: 019800019		CITY OR TOWN CHATH	AM
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: ANTIGONE	MALITA		
DOING BUSI	NESS A NEW ENG	LAND PIZZA HOUSE #	: 3	
ADDRESS 12	00 MAIN ST.			
CITY/TOWN:	: СНАТНАМ	STATE: MA	ZIP CODE: 02633	
MANAGER:	MALITA, ANTIGONE	TYPE OF LICENSE:R	destaurant CATEGOR	Y: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	REMISES:		
ONE STORY	WOOD FRAME BLI	DG; KITCHEN,DINING	ROOM AND REST ROOMS	
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	ne same premises now licensed;	
2. the	licensee has complied	d with all laws of the Con	nmonwealth relating to taxes; ar	ıd
3. the	premises are now ope	en for business (If not exp	plain below)	
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Acts of 2004,	signed by the buildi	ing inspector and the he	the certificate required by Cha ad of the fire department for t surance required by Chapter 1	he above
Please Check Bel	ow:		LOCAL LICENSING AUT	THORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	a explain)			
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16A)



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LICENSE NUMB	ER: 019800031		CITY OR TO	OWN CHATHA	M
APPLICATION F	OR RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAM	E: CBI OPERATION	ONS LLC			
DOING BUSINES	SS A CHATHAM E	BARS INN			
ADDRESS 286 SI	HORE RD.				
CITY/TOWN: C	HATHAM	STATE: MA	ZIP COI	DE: 02633	
MANAGER: Zu	est, Paul	ΓΥΡΕ OF LICENSE:In	nholder	CATEGORY	: All Alcohol
EMAIL ADDRES	S:				
		UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
	F LICENSED PRE				
COTTAGES PLU COURTS	S BATHHOUSE,BI	EACH HOUSE,BEACI	H AREA,POOI	J AREA AND TE	ENNIS
I hereby certify and	d swear under penal	ties of perjury that:			
1. the rene	ewed license will be	of the same type for the	e same premise	es now licensed;	
2. the lice	nsee has complied v	with all laws of the Com	ımonwealth rela	ating to taxes; and	l
3. the pres	mises are now open	for business (If not exp	lain below)		
SIGNED BY	Individual Part	tner or Authorized Corp	orate Officer		
	marviadui, i urt	nor of flathorized corp	Torute Officer		
DATE:	TEI EDH	ONE NUMBER:	EMP	LOYER IDENTIFICA	ATION NUMBER:
	TEEETT	ONE NUMBER.		OT Individual Social	
XX7 - 41 1		(1) 41	l		-4 204 - 64b -
		are in possession (1) the inspector and the hea			
named license an of 2010.	d (2) the certificate	e of liquor liability ins	urance require	ed by Chapter 11	16 of the Acts
Please Check Below:			LOCAL LI	CENSING AUTH	HORITY
APPROVED:	<u></u>		By:		
DISAPPROVED:					
(If disapproved ex	piain)				
DATE:					
APPLICATION FOR REN	NEWAL MUST BE FILED F	BY LICENSEES DURING THE I	MONTH OF NOVEM	MBER (M.G.L. Ch. 138 \$	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	19800033		CITYOR	TOWN CHATHAI	VI
APPLICATION FOR R	ENEWAL:	Annual		LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: (CBI OPERATI	IONS LLC			
DOING BUSINESS A	CHATHAM I	BARS INN			
ADDRESS 297 W/S SI	HORE RD.				
CITY/TOWN: CHAT	HAM	STATE: MA	ZIP C	CODE: 02633	
MANAGER: ZUEST	, PAUL	TYPE OF LICENSE: Ir	nholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	EASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	,	_
DESCRIPTION OF LIC	CENSED PRE	EMISES:			
MAIN INN - DINING I GUESTROOMS IN TH PROPERTIES AND AI	HE INN. ALL	COTTAGES ON THE	WEST SID		ND ALL
I hereby certify and swe			THE IN.		
• •	-	e of the same type for the	ne same pren	nises now licensed;	
		with all laws of the Con	-		
3. the premises	are now open	n for business (If not exp	olain below)		
SIGNED BY					
I	ndividual, Par	rtner or Authorized Cor	porate Office	er	
DATE:			_		
DATE.	TELEPH	HONE NUMBER:		EMPLOYER IDENTIFICAT e: <u>NOT</u> Individual Social S	
Acts of 2004, signed b	y the building	e are in possession (1) t g inspector and the he te of liquor liability ins	ad of the fir	e department for the	above
Please Check Below:			LOCAL	LICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	I				
(If disapproved explain))				
DATE:					
DATE.			-		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 019800035		CITY OR TO	JWN CHAIRA	IVI
APPLICATION FO	R RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: CHATHAM	LIQUOR LOCKER, IN	C.		
DOING BUSINESS	S A CHATHAM	I LIQUOR LOCKER			
ADDRESS 1221 M	AIN STREET				
CITY/TOWN: CH	ATHAM	STATE: M.	A ZIP COI	DE: 02633	
MANAGER: PAT	ΓEL, MPLEBEN N.	TYPE OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF					
4,000 FEET OF RE BASEMENT FOR I		TWO ENTRANCES/EX	XITS WITH A FU	JLL WALK-OUT	
SIGNED BY		en for business (If not expended artner or Authorized Co			
DATE:	ATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION N (Note: NOT Individual Social Security)				
Please Check Below: APPROVED:				CENSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved expl					
	Lain)				
	lain)				
DATE:	lain)				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 019800038		CITY OR TOV	VIN CHAIRAI	VI
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	J & B Allied Corporatio A Chatham Liquor	n			
ADDRESS 752 MAII	N ST				
CITY/TOWN: CHA	THAM S	STATE: MA	ZIP CODE	: 02633	
MANAGER: Alger	Jon Lawrence TYPE O	F LICENSE: Pac	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISES:				
FRONT ROOM FOR DOOR AND ONE RI	SALES,REAR FOR STO EAR DOOR	ORAGE,OFFIC	E AND RESTRO	OOM. ONE FR	ONT
	e has complied with all la es are now open for busin Individual, Partner or A	ness (If not expl	ain below)	ng to taxes; and	
DATE:	TELEPHONE NU	JMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED:			LOCAL LICI By:	ENSING AUTH	ORITY
DISAPPROVED:			•		
(If disapproved explain	n)				
DATE:					
·- - -					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	019800041		CI	TY OR TOWN	CHATHAN	Л
APPLICATION FOR I	RENEWAL:	Annu	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	ERIC PAONE SR.					
DOING BUSINESS A	CHATHAM LIG	HTS LIQUOR	S			
ADDRESS 303 ORLE	ANS RD					
CITY/TOWN: CHAT	HAM	STATE:	MA	ZIP CODE:	02633	
MANAGER: PAONI	E, ERIC SR. TYP	PE OF LICENS	SE:Packag	e Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR WI	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF LI	CENSED PREMIS	SES:				
ONE STORY WOOD : FOR STORAGE. SER						LAR
I hereby certify and swe	ear under penalties	of perjury that	t:			
1. the renewed	license will be of	the same type	for the sam	ne premises now	licensed;	
2. the licensee	has complied with	all laws of the	Common	wealth relating to	taxes; and	
3. the premises	s are now open for	business (If no	ot explain b	pelow)		
SIGNED BY						
]	Individual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEPHON	E NUMBER:				ION NUMBER:
				(Note: NOT Ind	ividual Social So	ecurity Number)
Please Check Below:			I.	OCAL LICENS	ING AUTHO	ORITY
APPROVED:				By:		
DISAPPROVED:				•		
(If disapproved explain)		_			
			-			
DATE:			-			
··						



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LICENSE NUMBER: 019800043		CITY OR TOWN CHATHA	AM
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: HONEST BEA	ANS, INC.		
DOING BUSINESS A CAMPARIS			
ADDRESS 323 ORLEANS RD			
CITY/TOWN: CHATHAM	STATE: MA	ZIP CODE: 02650	
MANAGER: O'KEEFE, BRIAN	TYPE OF LICENSE: R	estaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED PRI			
SINGLE STORY FRAME BLDG, 3 ENTRANCES	800 SQ_FT FLOOR SPA	ACE; 2 FRONT ENTRANCES,	5 FIRE
I hereby certify and swear under pena	alties of perjury that:		
1. the renewed license will b	e of the same type for the	e same premises now licensed;	
•		nmonwealth relating to taxes; and	d
3. the premises are now open	n for business (If not exp	blain below)	
SIGNED BY Individual Pa	rtner or Authorized Corp	orate Officer	
marviduai, i u	riner of Authorized Corp	orace officer	
DATE: TELEDI	HONE NUMBER.	EMPLOYER IDENTIFIC	ATION NUMBER:
IELEFI	HONE NUMBER:	(Note: NOT Individual Socia	
We the undersigned, attest that we Acts of 2004, signed by the building			
named license and (2) the certifica of 2010.			
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 S	5 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 019800044		CITY OR TO	WN CHAIRA	IVI
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME	: DASH INC				
DOING BUSINESS	S A SHOP AHO	OY LIQUORS			
ADDRESS 1589 M	AIN STREET				
CITY/TOWN: CH	ATHAM	STATE: MA	ZIP CODI	E: 02633	
MANAGER: NO	RRIS, DAVID	TYPE OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		<u> </u>
DESCRIPTION OF	LICENSED PR	REMISES:			
UNIT D, CONSIST BACK ROOM . FF		Q FT RETAIL AREA A AR EXITS	ND 280 SQ FT S	TORAGE AREA	A IN
 the renev the licen 	wed license will see has complied	nalties of perjury that: be of the same type for the divided with all laws of the Coren for business (If not ex	nmonwealth relat		
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer		
DATE:	TELEF	PHONE NUMBER:		OYER IDENTIFICA $f T$ Individual Social $f r$	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LIC	ENSING AUTH	IORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 019800048		CITY OR TOWN	I CHATHA	M	
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 2	013	
		CLASS			YEAR	
LICENSEE NAME DOING BUSINESS ADDRESS 2447 M	S A south chatham					
CITY/TOWN: CH	ATHAM	STATE: MA	ZIP CODE:	02633		
MANAGER: jamestep		YPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol	
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS			
DESCRIPTION OF						
APPROX. 750 SQ.	FT. ON MAIN FL	OOR.				
2. the licen	see has complied w	of the same type for the confirmal laws of the Confor business (If not exp	nmonwealth relating			
SIGNED BY	Individual, Parti	ner or Authorized Corp	oorate Officer			
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	Lain)		LOCAL LICEN By:	ISING AUTH	ORITY	
DATE:						



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LICENSE NUM	1BER: 019800054		CITY OR TOWN CHATH	AM
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: KGB,INC			
DOING BUSIN	ESS A THE CRANBI	ERRY INN OF CHATHA	AM	
ADDRESS 359	MAIN ST			
CITY/TOWN:	CHATHAM	STATE: MA	ZIP CODE: 02633	
	DEFORD, T WILLIAM JR	YPE OF LICENSE: Innh	older CATEGORY	Y: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
	OF LICENSED PREM			
FLR. APT. ON	2ND FLR SEPARATE		ST FLR. 11 RMS ON THE SI EMENT FO R STORAGE. F SE FOR EMERGEN CY	
I hereby certify	and swear under penalt	ies of perjury that:		
1. the re	enewed license will be	of the same type for the s	ame premises now licensed;	
	-		onwealth relating to taxes; an	d
3. the p	oremises are now open to	for business (If not explain	n below)	
SIGNED BY	Individual Parti	ner or Authorized Corpor	ate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
	TEELT	orte recident.	(Note: NOT Individual Socia	al Security Number)
Acts of 2004, s	igned by the building	inspector and the head	certificate required by Cha of the fire department for t ance required by Chapter 1	he above
Please Check Below APPROVED:	<u>v:</u>		LOCAL LICENSING AUT	HORITY
DISAPPROVED:	D:		By:	
(If disapproved				
DATE:				



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LICENSE NUMB	EK: 019800073		CITY OR TOWN	CHATHAM
APPLICATION F	OR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: LONGSHO	RE, INC.		
DOING BUSINE	SS A LONGSHO	ORE, INC.		
ADDRESS 1077	MAIN STREET			
CITY/TOWN: C	HATHAM	STATE: MA	ZIP CODE:	02633
MANAGER: DI	ELONG, HRISTOPHER	TYPE OF LICENSE: Res	staurant C	CATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION C	OF LICENSED P	REMISES:		
CEMENT PATIC OF BUILDING F	, KITCHEN, TW ACING NORTH	ING BAR, COUNTER, HC /O STORAGEROOMS IN . TWO ADDITIONAL EM CHEN EXITS EAST AND	CELLAR, MAIN I ERGENCY EXITS	ENTRANCE FRONT
I hereby certify an	d swear under pe	enalties of perjury that:		
1. the ren	ewed license will	be of the same type for the	same premises nov	w licensed;
2. the lice	ensee has complie	ed with all laws of the Comr	nonwealth relating	to taxes; and
3. the pre	mises are now op	en for business (If not explanation	ain below)	
SIGNED BY	Individual, I	Partner or Authorized Corpo	orate Officer	
DATE:	TELE	PHONE NUMBER:		ER IDENTIFICATION NUMBER:
			(Note: NOT In	ndividual Social Security Number)
Acts of 2004, sig	ned by the build	we are in possession (1) the ing inspector and the head cate of liquor liability insu	d of the fire depar	
Please Check Below: APPROVED:			LOCAL LICEN By:	SING AUTHORITY
DISAPPROVED:			Dy.	
(If disapproved ex	aplain)		-	
DATE:				



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LICENSE NU	MBEK: 019800077		CITY OR I	OWN CHAIRA	AIVI
APPLICATIO	N FOR RENEWAL	: Annual	Ι	LICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE N.	AME: RED BUOY	' INC			
DOING BUSI	NESS A RED NUN				
ADDRESS 74	6 MAIN ST				
CITY/TOWN:	: СНАТНАМ	STATE: MA	ZIP COI	DE: 02633	
MANAGER:	GIORGIO, MICHAEL	TYPE OF LICENSE: R	estaurant	CATEGORY	: All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED P	REMISES:			
		EXITS, ONE AT THE FRO			
	S SEATING 16 FOR D PATIO WITH 33	R A TOATAL OF 28 SEAT SEATS	rs. covered	PORCH WITH 7	SEATS
					_
					-
•	,	enalties of perjury that:			
		l be of the same type for th	-		
	=	ed with all laws of the Com		ating to taxes; and	
3. the	premises are now of	pen for business (If not exp	lain below)		
SIGNED BY	Individual	Partner or Authorized Corp	narata Officar		
	marviauai,	Partiler of Authorized Corp	orate Officer		
DATE:			EMI	N OVED IDENTIFICA	TION NUMBER.
DATE.	TELE	PHONE NUMBER:		PLOYER IDENTIFICA IOT Individual Social	
			(<u> </u>	security (variable)
		we are in possession (1) the			
		ling inspector and the hea cate of liquor liability ins			
of 2010.	e and (2) the term	cate of inquot nability ins	urance requir	ed by Chapter 11	of the Acts
Please Check Bel	ow:		LOCALLI	ICENSING AUTH	IODITV
APPROVED:			By:	CENSING AUTE	IOKII I
DISAPPROVI	ED:		Dy.		
(If disapproved					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 019800078		CITY OR TOWN CHA	ГНАМ
APPLICATION FO	R RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME DOING BUSINESS	S A CHATHAN	M MARKET		
ADDRESS 20 QUE	EEN ANNE RD			
CITY/TOWN: CH	ATHAM	STATE: MA	ZIP CODE: 0263	3
	CDONALD, MATIA	TYPE OF LICENSE:P	ackage Store CATEGO	ORY: Wine and Malt Regular
EMAIL ADDRESS	:			
		T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF				
			LOCATED IN THE BACK VTRANCE IN FRONT, EME	
I hereby certify and	swear under pe	nalties of perjury that:		
2. the licen	see has complie	• •	ne same premises now license nmonwealth relating to taxes; plain below)	
SIGNED BY	Individual, F	Partner or Authorized Corp	porate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	IFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICENSING A By:	UTHORITY
DATE:				



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LICENSE NUMBER:)19800081		CITY OR T	OWN	CHATHAI	M
APPLICATION FOR I	RENEWAL:	Annual	Ι	LICENS	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	QUINNSHAW CO	ORPORATION				
DOING BUSINESS A	THE BOX OFFI	CE CAFÉ				
ADDRESS 2642 MAII	N STREET					
CITY/TOWN: CHAT	'HAM	STATE: MA	ZIP COI	DE:	02659	
MANAGER: RUTAL	NEN, JADE TY	PE OF LICENSE: R	estaurant	CA	TEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS			
DESCRIPTION OF LI						
UPSCALE EXPRESSO AND SIDE ENTRANC		GOURMET LUNC	CHES & PIZZA	ı. NINE	E SEATS, FI	RONT
I hereby certify and swe	ear under penalties	s of perjury that:				
1. the renewed	license will be of	the same type for th	e same premise	es now l	licensed;	
	•	h all laws of the Con		ating to	taxes; and	
3. the premises	s are now open for	business (If not exp	olain below)			
SIGNED BY	Individual Partne	r or Authorized Corp	orate Officer			
	marviadai, i armei	or rumorized corp	Sorate Officer			
DATE:	TELEDIJON	IE NIIIMDED.	FMF	PLOYER	IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELEPHON	NE NUMBER:				Security Number)
		• 400				204 8.7
We the undersigned, Acts of 2004, signed by						
named license and (2) of 2010.						
Please Check Below:			LOCAL L	ICENSI	ING AUTH	ORITY
APPROVED:	_		By:			
DISAPPROVED:						
(If disapproved explain	.)					
DATE:						
APPLICATION FOR RENEWA	L MUST BE FILED BY I	LICENSEES DURING THE	MONTH OF NOVE	MBER (M.	G.L. Ch. 138 \$ 1	6A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	119800083	•	CITY OR TOWN	CHAIHAI	VI
APPLICATION FOR I	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ГНЕ CHATHAM CHEESI	E CO. LLC			
DOING BUSINESS A	THE CHATHAM CHEES	SE COMPAN	Y LLC		
ADDRESS 902 MAIN	STREET				
CITY/TOWN: CHAT	HAM STA	ATE: MA	ZIP CODE:	02633	
MANAGER: POLK,	LESLIE TYPE OF L	ICENSE: Pack	tage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	EASE ALSO VISIT OUR WEBSITE ANI	ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LI					
DOOR CUSTOMER I	L STORE CHEESE GOUR ENTRANCE FRONT FAC OYEES/ DELIVERY/EMI	ING STREET			
I hereby certify and swe	ear under penalties of perju	ıry that:			
1. the renewed	license will be of the same	e type for the s	ame premises no	w licensed;	
2. the licensee	has complied with all laws	of the Commo	onwealth relating	to taxes; and	
3. the premises	s are now open for business	s (If not explai	n below)		
GIGNED DV					
SIGNED BY	Individual, Partner or Auth	orized Corpor	ate Officer		
DATE:	TELEPHONE NUM	BER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT 1	Individual Social S	Security Number)
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED: DISAPPROVED:]		By:		
(If disapproved explain)				
· · · · · · · · · · · · · · · · · · ·	,				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0198	800085		C	ITY OR TOWN	CHATHAN	И
APPLICATION FOR REN	IEWAL:	Annı	ıal	LICENS	SED FOR 20)13
		CLA	SS			YEAR
LICENSEE NAME: CHA	ATHAM FIS	H AND LOBST	ER CO, II	NC		
DOING BUSINESS A CH	IATHAM FI	SH AND LOBS	STER CO			
ADDRESS 1291 MAIN ST	Γ					
CITY/TOWN: CHATHA	M	STATE:	MA	ZIP CODE:	02633	
MANAGER: SCOTT, B	RUCE T	YPE OF LICEN	ISE:Packa	ge Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEASE	ALSO VISIT OUR	WEBSITE AND ENTE	R YOUR EMAII	LADDRESS		-
DESCRIPTION OF LICEN	NSED PREM	IISES:				
4 ENTRANCES AND EXT MARKET	ITS IN THE	MARKET. TH	RE EXIT	S AND ENTRAN	CES IN FIS	Н
2. the licensee has 3. the premises are SIGNED BY Indi	e now open fo		ot explain	below)	taxes; and	
DATE:	TELEPHO	NE NUMBER:		EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below:				LOCAL LICENS	ING AUTHO	ORITY
APPROVED:				Ву:		
DISAPPROVED: (If disapproved explain)						
(Zioappio : ea enplain)						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 019800087		CITY OR TO	IWN CHAIR	IAIVI
APPLICATION FO	R RENEWAL:	Annual	L	CENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		ENERAL STORE OF CHATHAM GENER	AL STORE		
ADDRESS 1291 M	AIN STREET				
CITY/TOWN: CH	ATHAM	STATE: MA	ZIP COD	E: 02633	
	NSEN, RBARA	TYPE OF LICENSE: F	'ackage Store	CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PR	REMISES:			
COURTYARD ENT STANDARD DOOR		A REAR LOADING DO	OCK OVERHEA	D DOOR AND)
2. the licens	see has complied ises are now open	be of the same type for the d with all laws of the Coren for business (If not exartner or Authorized Coren for Europe Coren for Surface Core	nmonwealth rela plain below)		nd
DATE:	TELEF	PHONE NUMBER:			CATION NUMBER: al Security Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LIG	CENSING AUT	THORITY
DATE:					